

## DECLARATION and POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**FLAME RETARDANT POLYOLEFIN COMPOSITIONS**

the specification of which is attached hereto unless the following box is checked:

was filed on 23 JULY 1998 as U.S. Application No. \_\_\_\_\_ or PCT International Application No. PCT/US98/15229 and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is known to me to be material to patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Application No.	Country	Filing Date	Priority Claimed (Yes/No)
97202335.2	EP	25 JULY 1997	Yes

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States Provisional Application(s) listed below.

U.S. Provisional Application No.	U.S. Filing Date
----------------------------------	------------------

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT International Application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International Application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is known to me to be material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

Application No.	Filing Date	Status (patented, pending or abandoned)
-----------------	-------------	---

**POWER OF ATTORNEY:** I hereby appoint the following attorney(s) and/or agent(s) the power to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Name: <u>PATRICIA L. KELLY</u>	Registration No.: <u>39,247</u>	
Send correspondence and direct telephone calls to:  <u>PATRICIA L. KELLY</u>	E. I. du Pont de Nemours and Company Legal - Patents Wilmington, DE 19898, U.S.A.	Tel. No. (302) 992-6743
		Fax No. (302) 992-2953

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

## INVENTOR(S)

Full Name of Inventor	Last Name <u>GARCIA DURAN</u>	First Name <u>JUAN</u>	Middle Name <u>ANTONIO</u>	
	Signature (please sign full name):		Date: <u>20-06-2000</u>	
Residence & Citizenship	City <u>GENEVE</u>	State or Foreign Country <u>SWITZERLAND</u>	Country of Citizenship <u>SP</u>	
Post Office Address	Post Office Address <u>26 AV. DE L'AMANDOLIER</u>	City <u>GENEVE</u>	State or Country <u>SWITZERLAND</u>	Zip Code <u>CH-1208</u>
Full Name of Inventor	Last Name <u>ROLLAND</u>	First Name <u>LOIC</u>	Middle Name <u>PIERRE</u>	
	Signature (please sign full name):		Date: <u>JUNE 15, 2000</u>	
Residence & Citizenship	City <u>DIVONNE-LES-BAINS</u>	State or Foreign Country <u>FRANCE</u>	Country of Citizenship <u>FR</u>	
Post Office Address	Post Office Address <u>RESIGENCE METNA, 234 AV. DE LA GRANDE, CHAMPAGNE</u>	City <u>DIVONNE-LES-BAINS</u>	State or Country <u>FRANCE</u>	Zip Code <u>F-01220</u>

Additional Inventors are being named on separately numbered sheets attached hereto.